

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

42715

10521

Registration District No. Primary Registration District No. Registrar, Mo.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		Length of stay in lb STREET ADDRESS <b>3222 A Chouteau</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Martha Tucker</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>2</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1913</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		9b. AGE (In years last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Bolivar, Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Wallas Crest</b>		14. MOTHER'S MAIDEN NAME <b>Mary Kelley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Sarah Casterman</b>		Address <b>3222 A Chouteau</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extensive (95%) 3rd degree burns of entire body.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>E916.016</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DEGREE AND INJURY OCCURRED (Enter degree of injury in Part I or Part II if known) <b>3rd degree burns at 3222 Chouteau about 558 am</b>	
20c. TIME OF INJURY Hour <b>558</b> a. m. Month, Day, Year <b>11 2 57</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20e. CITY, TOWN, OR LOCATION <b>St Louis</b>		COUNTY <b>Mo</b>	
20f. STATE <b>Mo</b>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>823 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick T. Taylor</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>11 6 57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>11-7-57</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>	
23c. LOCATION (City, town, or county) <b>LeMay, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>J. J. Watson</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 6 '57</b>	
ADDRESS <b>2768 Chouteau</b>		26. REGISTRAR'S SIGNATURE <b>Charles Smith</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address 2769

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.